Certification of Applicant Match

| Organization Name | |
|---|--------|
| Project Name | |
| Project Number | |
| The sources and amounts of our matching share will be: | |
| Source of Match | Amount |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | \$ |
| As the authorized financial representative for the above identified organization, I hereby certify that the sponsor matching resources are available for the project referenced above. I further acknowledge that our organization is responsible for supporting all non-cash commitments and donations should they not materialize. | |
| Signature | |
| Printed Name | |
| Title | |
| Data | |